

UNITED STATES TRUSTEE MONTHLY REPORT FOR CHAPTER 13 DEBTORS

Case Name: _____ Case No. _____

A. MONTHLY CASH FLOW STATEMENT for the period _____ to _____Balance from prior account
(if first report insert opening balance) _____Receipts:Sales (cash only) _____
Collection of Accounts Receivable _____
Other Income _____
TOTAL RECEIPTS _____Expenditures:Purchase of Inventory _____
Net Payroll _____
Rent _____
Lease Payments _____
Payment to Mortgagees _____
Insurance _____
Utilities _____
Taxes (as tallied in tax statement) _____
Telephone _____
Supplies _____
Postage _____
Outside Labor _____
Other Expenses _____
(describe - use supp. sheet if necessary) _____
TOTAL EXPENDITURES _____
NET CASH FLOW _____
CASH ON HAND AND IN BANKS
(TO BE CARRIED FORWARD TO NEXT REPORT) _____**B. STATEMENT OF AGED ACCOUNTS PAYABLE**Amount of Postpetition Accounts Payable
or Unpaid Invoices: _____ Over 30 days

Over 60 days _____

Over 90 days _____

Signed under the pains and penalties of perjury this _____ day of _____, 20____.

Signature and Title

Case Name: _____ Case No. _____

C. INSURANCE EXPIRATION STATEMENT for the period _____ to _____Policy Expiration Dates:

Workers' Compensation Insurance _____
 Liability Insurance _____
 Fire Insurance _____
 Other (describe) _____

D. STATEMENT OF ACCOUNTS RECEIVABLE

Total Accounts Receivable _____
 Amount of Accounts Receivable over 45 days _____
 Amount of Accounts Receivable over 90 days _____
 Current _____

E. TAX STATEMENT

Gross Payroll for this Period _____

Amount Withheld During Period for: _____

- a. Employees' Federal Income Taxes _____
- b. Employees' FICA Tax _____
- c. Employees' State Income Taxes _____

Taxes Deposited or Paid During This Period for: _____

- * a. Employees' Withheld Fed'l Income Tax _____
- * b. FICA Employer's & Employees' Share _____
- c. Federal Corporate Income Tax _____
- d. FUTA _____
- e. Other Federal Tax (describe) _____
- * f. Employees' Withheld State Income Tax _____
- * g. State Sales/Use of Meals Tax _____
- h. State Corporate Income Tax _____
- i. Other State Tax (describe) _____
- j. Property Tax _____

**TOTAL _____

* Attach photocopies of IRS Form 6123 or similar receipt from state taxing authority to verify that such deposits or payments have been made.

** Enter this figure on the appropriate line on the monthly cash flow statement.

Signed under the pains and penalties of perjury this _____ day of _____, 20____.

Signature and Title